



Directions: Please complete the ENTIRE application form before submitting. Incomplete or handwritten applications will be automatically returned to the student unless prior arrangements have been made.

STUDENT INFORMATION

Name: _____ UFID: _____

Concentration: _____

Mailing Address during Internship:

Street _____ Apt. # _____ City _____ State _____ Zip _____

Phone# _____ Email _____

Permanent Address

Street _____ Apt. # _____ City _____ State _____ Zip _____

INTERNSHIP INFORMATION

Course Credits: _____ Semester(s)/Year Desired: _____

Final Report Due Date: Last Day of Classes _____

My internship is located in a rural area YES NO

My internship impacts rural populations(s) YES NO

My internship will be done remotely YES NO

Will you be directly working with patients? YES NO

Do you have reliable transportation? YES NO

Do you have any disabilities that might hinder your performance during your project?

YES NO

Please complete the statement below if internship is at current place of employment.

I understand that _____ (student name) will be conducting an internship
in the _____ (Department or Program) at
_____(Organization Name) while maintaining
employment in the _____ (Department or Program).

During the course of the internship, the student will undertake duties and responsibilities that are different from current duties and responsibilities. Hours related to current responsibilities cannot be counted toward internship hours; neither can internship hours count as regular work hours.

Employer Signature

Date

SIGNATURES

By signing below, the participating parties indicate that they have read and approved the student's Internship work plan/proposal.

Student

Date

Agency Preceptor

Date

Faculty Advisor

Date

UF Internship Coordinator

Date